

Entered - 7-9-01- sb
CL 01L0437 - ALEXIS HOLMES

CLAIM OF: **DANIEL R. BROWN**
35 Bermuda Circle
Covington, Georgia 30016

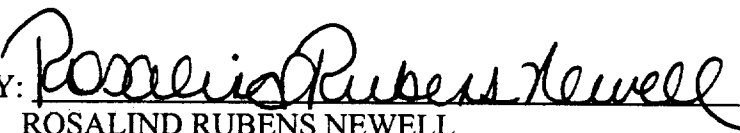
01-*L* -1385

For vehicular damages alleged to have been sustained as a result of a tool sticking out of a manhole in the road on June 9, 2001 at East Confederate Avenue and Walker Street.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **DANIEL R. BROWN** the sum of **\$856.80** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of a tool sticking out of a manhole in the road on June 9, 2001 at East Confederate Avenue and Walker Street** as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0437

Date: 8/16/01

Claimant /Victim DANIEL R. BROWN

BY: (Atty) _____

Address: 35 Bermuda Circle Covington, Georgia 30016

Subrogation: _____ Claim for Property damage \$ 1,000.91 Bodily Injury \$ _____

Date of Notice: 6/29/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 6/9/01 Place: East Confederate Avenue at Walker Street

Department Public Works Division: Sewer Operations

Employee involved Carl Davis Disciplinary Action Oral admonishment

NATURE OF CLAIM: The claimant sustained damages to his vehicle when a City worker left a tool standing in a manhole when he was performing a die test on a house connection. There were no barricades erected at the test site and when the claimant drove his vehicle over the manhole the hook caused damages to his vehicle.

INVESTIGATION:

Statements: City employee X Claimant X Other X Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

Improper Notice _____ More than Six Months X Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,

Alexis Holmes
INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 856.80 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____

Claims Manager: [Signature] Concur/date 8-17-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

JUN 29 2001

RE: CLAIM FOR DAMAGES

Today's Date: 6-21-01

ENTERED - 7-9-01 - SB
01L0437 - ALEXIS HOLMES

MUNICIPAL CLERK

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1000.91 property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: 6-9-01 2. Time of Incident: 10:50 pm 3. Police called: ☒ Yes ☐ No
(month/day/year).

4. Location of incident (including street address): E. CONFEDERATE AVE & Walker Street

5. Name of your insurance company: GUIDE ONE Policy No. 034163-292

6. State what and how incident occurred: Appeared 11:00 pm City Search Official dodged Police
Cruiser to avoid being hit. Walked into my lane of Traffic. I moved over
to miss them and they left a Tool shaking out of manhole cover, thus
causing damage to my vehicle.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Buick Lesage Custom 95 293XS DAN BROWN
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

Daniel R. Brown
(Print Claimant's Name)

35 Breewood Circle
(Address)

Covington LA 30016
(City, State and Zip Code)

01-R-1385

404-635-7212 678-342-7050
(Work Number) (Home Number)